CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GU	2 Total pages this report:						
3 CANDIDATE /	TITLE FIRST	0404144 MI					
OFFICEHOLDER			OFFICE USE ONLY				
NAME	Hon. Bonnie		Date Received				
	NICKNAME LAST	SUFFIX					
	Conner		1				
	Comino		2 0				
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	<u> </u>				
OFFICEHOLDER ADDRESS	8930 Wurzbach		64 co 6 ta				
ADDRESS	Suite 260		Day Undahada Data Data Mariada				
Change of Address	San Antonio TX 78240		Date Hand-delivered or Date Postmarked				
			4 418				
5 CAMPAIGN	TITLE FIRST	MI	1 フ 复重措 -				
TREASURER NAME	Mr. Michael		Receipt #Amount				
	NICKNAME LAST	SUFFIX					
	Beldon		Date Processed O				
			Date Imaged				
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUI	ITE#; CITY; STATE;	ZIP CODE				
TREASURER	,						
ADDRESS	5039 West Avenue						
(Residence or business)	San Antonio TX 78213						
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION					
TREASURER	() -						
PHONE							
8 REPORT TYPE	January 15 30th day before election	n Runoff	15th day after campaign treasurer appointment (officeholder only)				
	X July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)				
9 PERIOD	Month Day Year	Month Day	Year				
COVERED		OUGH	204				
	04/26/2001	07/01/20	JO I				
10 ELECTION	ELECTION DATE ELECTION TY	YPE					
	Month Day Year Priman	y Runoff X	General Special				
	05/05/2001	,] 30////				
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if know	n)				
	Other City Council 8	Other City Counc	il 8				
13 DIRECT	Direct campaign expenditures are campaign ex	penditures made by others without the	candidate's prior consent or approval.				
CAMPAIGN	Candidates are required to disclose this information	only if they receive notification of the dir	ect campaign expenditure.				
EXPENDITURE	Name	And the second s					
BY OTHER INDIVIDUALS							
	Address/PO Box; Apt. / Suite #; City; State;	Zip Code					
additional pages							
	GO TO	PAGE 2					
1							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

(512)463-5800

JOI I OKI W	IOIALO		001111111111111111111111111111111111111			
14 C/OH NAME Hon. Bonnie Conner			15 ACCOUNT # (Ethics Commission filers) 0404144			
16 NOTICE FROM	have been made with	les political expenditures by political committees to support the candiout the candidate's or officeholder's knowledge or consent. Candidate by receive notice of such expenditures	date / officeholder. These expenditures may and officeholders are required to report this			
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS	<u> </u>			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	7 936			
			2: 10 DWD			
17 NO REPORTABLE ACTIVITY	Check here if no	eportable activity occured during this reporting period. (Sign affidavid below and s	submit pages 1 and 2 only.)			
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5200.00			
EXPENDITURE TOTALS	RE 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$ 0.00					
	4. TOTAL	POLITICAL EXPENDITURES	\$ 8832.34			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0.00			
19 AFFIDAVIT			of action, that the accompaning report			
I swear, or affirm under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under title 15, Election Code. ANA LUISA GALINDO						
Notary Public, State of Taxas My Comm. Expires 04-07-2002 Signature or Cardidate or Officeholder						
Sworn to and subscribed before me, by the said Sonnie I. Connec, this the 23 rd day of 50/2, 2001 to certify which, witness my hand and seal of office.						
Qua Lui Signature o administeri		Print name of Officer Title of	Cofficer Stering Oath			

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

	The Instruction	N GUIDE explains how to complete this form.	1 Total pages this report:				
2	FILER NAME Hon. Bonnie			3 ACCOUNT # 0404144	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC(ID# Mr. James Allen		7 Amount of contribution (\$)	8 In-kind contribution description (in applicable)		
	05/01/2001	6 Contributor address; City; State; Zip Code 1262 Phantom Valley		500.00			
		San Antonio TX 78232			T SPA		
9	Principal occup	ation (Optional)	10 Employer (Option	al)	41 <u>S</u>		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/01/2001	Contributor address; City; State; Zip Code 9030 Wurzbach		100.00			
		San Antonio TX 78240					
	Principal occup	ation (Optional)	Employer (Option	al)			
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/01/2001	Contributor address; City; State; Zip Code 1249 Wiltshire		500.00	 		
		San Antonio TX 78209					
	Principal occup	pation (Optional)	Employer (Option	r (Optional)			
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/01/2001	Contributor address; City; State; Zip Code 8915 Datapoint No. 46-A San Antonio TX 78229		200.00	 		
	Principal occup	Leation (Optional)	Employer (Option	nal)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	05/01/2001	Contributor address; City; State; Zip Code 11434 Whisper Dawn		500.00	- -		
		San Antonio TX 78230					
	Principal occup	pation (Optional)	Employer (Option	nal)			

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

(512)463-5800

***************************************	The Instruction	אס Guide explains how to complete this form.	1 Total pages this report:			
2	2 FILER NAME Hon. Bonnie Conner			3 ACCOUNT # (Ethics Commission filers) 0404144		
4	Date	Full name of contributor out-of-state PAC(ID# Mr. David Earl)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	05/01/2001	6 Contributor address; City; State; Zip Code 111 Soledad Suite 1111 San Antonio TX 78205	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1000.00		
9	Principal occup	ation (Optional)	10 Employer (Option	al)	2	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/01/2001	Contributor address; City; State; Zip Code 1100 N. E. Loop 410 Suite 900 San Antonio TX 78209		500.00	<u> </u>	
	Principal occup	pation (Optional)	Employer (Option	Employer (Optional)		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/02/2001	Contributor address; City; State; Zip Code 4026 Glen Rock		300.00		
	Principal occup	San Antonio TX 78240 ation (Optional)	Employer (Option	l al)		
	Date	Full name of contributor out-of-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/01/2001	Contributor address; City; State; Zip Code 6926 Dorothy Louise Drive		100.00	[
		San Antonio TX 78229				
	Principal occup	pation (Optional)	Employer (Option	al)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	05/01/2001	Contributor address; City; State; Zip Code 1919 Oakwell Farms Pkwy. Suite 270 San Antonio TX 78218		500.00	 	
Principal occupation (Optional)		Employer (Optional)				

P.O.Box 12070

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

	The Instruction	אס Guide explains how to complete this form.	H - M - M	1 Total pages this 5/8	report:
2	FILER NAME Hon. Bonnie			3 ACCOUNT # 0404144	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC(ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	05/01/2001	6 Contributor address; City; State; Zip Code 6000 N. Loop 1604		500.00	
		San Antonio TX 78249			
9	Principal occup	ation (Optional)	10 Employer (Option	al)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	05/01/2001	Contributor address; City; State; Zip Code 11007 Rocky Trail		500.00	
		San Antonio TX 78249			
	Principal occup	pation (Optional)	Employer (Option	al)	
					280 21 23 P 5: 11

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction	אס Guide explains how to complete this form.		1 Total pages report: 6/8		
2 FILER NAME Hon. Bonnie			3 ACCOUN 0404144	T # (Ethics Commission filers)	
4 Date 05/18/2001 8 Purpose of expinformation recording Reimbursem	quired.) Candidat	ete if direct expe te / Officeholder na	nditure to bene	7 Amount (\$) 65.49 fit C/OH Office sought Office held	
Date 06/04/2001	Payee name Mr. Charles Conner Payee address; City; State; Zip Code 13306 Hunters Hollow San Antonio TX 78230			Amount (\$) 65.49	
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement - Phone Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office sought Candidate / Office holder name					
Date 06/29/2001	Payee name Mr. Charles Conner Payee address; City; State; Zip Code 13306 Hunters Hollow San Antonio TX 78230			Amount (\$) 5963.00	
information red		ete if direct expe te / Officeholder na		offit C/OH "" Office sought Office held	
Date 06/29/2001	Payee name Mr. Charles Conner Payee address; City; State; Zip Code 13306 Hunters Hollow San Antonio TX 78230			Amount (\$) 116.49	
Purpose of ex information red Reimbursem	quired.) Candidat	ete if direct expe ate / Officeholder na		effit C/OH * * Office sought Office held	

SCHEDULE F

CITY FIRE ENK									
The Instruction	GUIDE explains how to complete this form.	<u> 2001</u>	JUL 23	P 5:	T	1	Total pages r 7/8	eport:	
2 FILER NAME Hon. Bonnie						3	ACCOUN ¹ 0404144	T# (Ethics Co	mmission filers)
4 Date	5 Payee name					_		7	Amount
05/24/2001	Mr. Josh Copeland						1		(\$) 1150.00
	6 Payee address; City; State; Zip			• • • • • • •		• • •			
	11910 Orsinger Lane #1108 San Antonio TX 78230	-				·			
8 Purpose of expenditure (See instructions regarding type of information required.) Contract Labor 9 Complete if direct expenditure to benefit Candidate / Officeholder name of Candidate / Officeholder name								fit C/OH ** office sought	Office held
Date	Payee name								Amount
05/01/2001	County Line Restaurant								(\$) 300.00
	Payee address; City; State; Zip			• • • • • • •					300.00
	10101 i.H. 10 West								
	San Antonio TX 78230								
Purpose of exp information red Food	penditure (See instructions regarding type of quired.)			ete if direc te / Officeho			iture to benet	fit C/OH •• Office sought	Office held
Date	Payee name			***************************************				****	Amount
05/01/2001	Fresh Horizons								(\$) 508.31
	Payee address; City; State; Zip	Code							
	2020 Broadway								
	San Antonio TX 78215								
Purpose of exp information red Catering	rependiture (See instructions regarding type of quired.)		Compl Candida	ete if direc ate / Officeho	older i	oend name	iture to bene	fit C/OH ** Office sought	Office held
Date	Payee name								Amount
06/01/2001	Helanders Printing								(\$) 95.47
	Payee address; City; State; Zip								
	San Antonio TX							'	
Purpose of ex information red Printing	penditure (See instructions regarding type of quired.)			lete if direc ate / Officeh			liture to bene e (fit C/OH ** Office sought	Office held

POLITI	CAL EXPENDITURES		S	CHEDULE F
	67.5 CB V 6.7	ENTONIO		
The Instruction	אס Guide explains how to complete this form.	TOLERK	1 Total pages report: 8/8	
2 FILER NAME Hon. Bonnie		23 P 3 II	3 ACCOUNT # (Ett 0404144	nics Commission filers)
Date	5 Payee name		7	Amount
05/01/2001	Ms. Debra Nicholas 6 Payee address; City; State; Zip Code 13075 N. Hunters Circle San Antonio TX 78230			(\$) 335.00
Purpose of exp information red Facilities Ren	l penditure (See instructions regarding type of quired.)	9 Complete if direct exp Candidate / Officeholder	penditure to benefit C/OF name Office sous	
Date	Payee name			Amount
05/18/2001	Ms. Debra Nicholas Payee address; City; State; Zip Code			(\$) 48.41
	13075 N. Hunters Circle San Antonio TX 78230			
information red	penditure (See instructions regarding type of quired.) nent - Decorations	Complete if direct exp Candidate / Officeholder	oenditure to benefit C/OF name Office sou(
Date	Payee name			Amount
06/29/2001	Real Estate Council			(\$) 40.00
	Payee address; City; State; Zip Code 1335 NE Loop 410 San Antonio TX 78209			40.00
Purpose of ex information re- Breakfast	penditure (See instructions regarding type of	Complete if direct exp Candidate / Officeholder	penditure to benefit C/Oh name Office sou	
Date	Payee name	.1		Amount
05/25/2001	SAM's Club Payee address; City; State; Zip Code			(\$) 144.68
	5055 NW Loop 410			
Purpose of ex information re	San Antonio TX 78229 penditure (See instructions regarding type of quired.)	Complete if direct exp Candidate / Officeholder	penditure to benefit C/Oh name Office sou	
Food				4404

RECEIVE					C/OH EET PG 1
The C/OH Instruction Gu	UIDE explains how to complete this form.	1 ACCOUNT # (Ethics Commission	CITY CL	ANTONIO EXPKTotal pages th	
3 CANDIDATE /	TITLE FIRST	0404144 2001	APR 27	1 / 10 0 1	SE ONLY
OFFICEHOLDER NAME	Hon. Bonnie			Date Received	
	NICKNAME LAST Conner		SUFFIX		
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE #; 8930 Wurzbach Suite 260	CITY; STATE;	ZIP CODE	Date Hand-delivered	or Date Postmarked
Change of Address	San Antonio TX 78240				
5 CAMPAIGN TREASURER NAME	TITLE FIRST Mr. Michael	, and the state of	MI	Receipt #	Amount
	NICKNAME LAST		SUFFIX	Date Processed	
	Beldon			Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT 5039 West Avenue San Antonio TX 78213	/ SUITE #; CITY;	STATE;	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	N		
8 REPORT TYPE	January 15 30th day before eld			15th day after can appointment (office	eholder only)
	July 15 X 8th day before elec	ction Exceeded	\$500 limit	Final report (Attac	h C/OH - FR)
9 PERIOD COVERED	Month Day Year T 03/27/2001	Montt 'HROUGH	Day 04/25/200	Year	
10 ELECTION	ELECTION DATE ELECTIC Month Day Year Pr 05/05/2001	ON TYPE	X	General	Special
11 OFFICE	OFFICE HELD (if any) Other City Council 8	12 OFFICE SO Other	OUGHT (if known) City Council	8	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign Candidates are required to disclose this information. Name				
additional pages	Address/PO Box; Apt. / Suite #; City; Stat	se; Zip Code			
GO TO PAGE 2					

exas Ethics Commission	P.O. Box 120	70 Austin, Texas 78711-2070	(512)463-5800	1-800-325-8506
CANDIDATE /	OFFICEH	OLDER REPORT:	FORM	C/OH
SUPPORT &	TOTALS	RECEIVED CITY OF SAN ANTONIO	COVER SH	EET PG 2
14 C/OH NAME Hon. Bonnie Conner		2001 APR 27 Δ ID: 09	5 ACCOUNT # (Ethics 0 0404144	Commission filers)
16 NOTICE FROM	have been made with	es political expenditures by political committees to support the candidate out the candidate's or officeholder's knowledge or consent. Candidates a y receive notice of such expenditures	te / officeholder. These exp and officeholders are requir	penditures may ed to report this
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
additional pages				
	:	COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 NO REPORTABLE ACTIVITY	Check here if no n	l eportable activity occured during this reporting period. (Sign affidavid below and sub-	mit pages 1 and 2 only.)	
18 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0	.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9495.	.00
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0	.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 5151.	.87
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0	.00
19 AFFIDAVIT	<u> </u>			
		I swear, or affirm, under penalty of is true and correct and includes all me under Title 15, Election Code.		
		~ //	JUILL didate or Officeholder	
Sworn to a	ind subscri	bed before me, by the said Bo Pril, 2001, to certify which, with	innie J. Con	ner, this
the 27th	day of A	Pril, 2001, to certify which, with	ess my hanc	4
and seal o	to Hice	·	·	1
Sutta (Ennis	AFRISETTA A FUNIS N	OTARY PUBL	ic State of
givinature of costia.	· admin strating	Och. PRINTED NAME	TITLE	M. Z UP

Principal occupation (Optional)

1-800-325-8506 Austin, Texas 78711-2070 (512)463-5800 Texas Ethics Commission P.O.Box 12070 **POLITICAL CONTRIBUTIONS** SCHEDULE A 1 (FOR FORMS C/OH & SPAC) OTHER THAN PLEDGES OR LOANS RECEIVED SAN ANTONIO C 1 Total pages this report: The Instruction Guide explains how to complete this form. 3/10 2001 APP3 2 ACCGAUNIO# Oragics Commission filers) 2 FILER NAME Hon. Bonnie Conner 0404144 In-kind contribution Amount of 5 Full name of contributor ut-of-state PAC(ID#_ Date contribution (\$) description (if applicable) Assoc. General Contractors PAC 1000.00 6 Contributor address; City; State; Zip Code 04/05/2001 10806 Gulfdale San Antonio TX 78216 10 Employer (Optional) 9 Principal occupation (Optional) Amount of In-kind contribution Full name of contributor ut-of-state PAC(ID#_ Date contribution (\$) description (if applicable) BEX-HER PAC 100.00 Contributor address; City; State; Zip Code 04/19/2001 P.O. Box 15166 San Antonio TX 78212 Employer (Optional) Principal occupation (Optional) In-kind contribution Date Full name of contributor ut-of-state PAC(ID#_ Amount of contribution (\$) description (if applicable) Mr. Marco Barros Contributor address; City; State; Zip Code 25.00 04/19/2001 14018 Sage Bluff San Antonio TX 78216 Employer (Optional) Principal occupation (Optional) In-kind contribution Amount of Date Full name of contributor out-of-state PAC(iD#_ contribution (\$) description (if applicable) Ms. Lynda Billa Burke Contributor address; City; State; Zip Code 250.00 04/18/2001 4414 Pecan Grove Drive San Antonio TX 78222 Principal occupation (Optional) Employer (Optional) Amount of In-kind contribution Full name of contributor ut-of-state PAC(ID#_ Date contribution (\$) description (if applicable) Ms. Cassandra Carr Contributor address; City; State; Zip Code 500.00 04/07/2001 9 Davenport Lane San Antonio TX 78257

Employer (Optional)

	SCHE	DULE	A 1
(FOR	FORMS	C/OH &	SPAC)

(512)463-5800

The Instruction Guide explains how to complete this form.			CITY	YE Gotel Bage Dhis I DE SAN ANIA	report: NIO	
2	FILER NAME Hon. Bonnie		2001 A1	3 ACCOUNT#	(Ethics Commission filers)	
4	Date	Full name of contributor out-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	04/17/2001	6 Contributor address; City; State; Zip Code 9777 Oakland		50.00		
		San Antonio TX 78240				
9	Principal occup	pation (Optional)	10 Employer (Option	al)		
	Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/03/2001	Contributor address; City; State; Zip Code 7011 Holly Mountain		250.00	 	
		San Antonio TX 78250				
	Principal occup	pation (Optional)	Employer (Optional)			
	Date	Full name of contributor out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/03/2001	Contributor address; City; State; Zip Code 9314 Ranchero		100.00		
		San Antonio TX 78240			<u> </u>	
	Principal occup	pation (Optional)	Employer (Optional)			
	Date	Full name of contributor out-of-state PAC(ID# Mr. H.H. Hancock)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/16/2001	Contributor address; City; State; Zip Code P.O. Box 160353		250.00] 	
		San Antonio TX 78280				
	Principal occup	pation (Optional)	Employer (Optional)			
	Date	Full name of contributor out-of-state PAC(ID# Ms. Mary Kelly)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/18/2001	Contributor address; City; State; Zip Code 3450 Hunters Circle		100.00	 	
		San Antonio TX 78230			 	
Principal occupation (Optional)			Employer (Option	al)	<u> </u>	

RECEIVED SCHEDULE A 1
CITY OF SAN ANT GHHOFORMS C/OH & SPAC)
CITY CLERK

(512)463-5800

	• • • • • • • • • • • • • • • • • • • •			CITY CLERK	
	The Instruction	N GUIDE explains how to complete this form.	2001 /	DP Zotal pages the	je <mark>r@r?</mark> 0
2	FILER NAME Hon. Bonnie	e Conner		3 ACCOUNT # 0404144	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/17/2001	6 Contributor address; City; State; Zip Code 5975 Lockhill Road		100.00	
		San Antonio TX 78240			1
9	Principal occup	ation (Optional)	10 Employer (Option	al)	
	Date	Full name of contributor ut-of-state PAC(ID# Ms. Ruth Lown)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/21/2001	Contributor address; City; State; Zip Code 501 South Main Avenue		50.00	
		San Antonio TX 78204			
	Principal occupation (Optional)		Employer (Optional)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/13/2001	Contributor address; City; State; Zip Code 2421 Lake Pancoast Drive		100.00	
		Miami Beach FL 33140			
	Principal occup	ation (Optional)	Employer (Optional)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/18/2001	Contributor address; City; State; Zip Code 2006 Elm Crest		25.00	
	,	San Antonio TX 78230			
	Principal occup	ation (Optional)	Employer (Optional)		
	Date	Full name of contributor out-of-state PAC(ID# Mr. William Noble)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/18/2001	Contributor address; City; State; Zip Code 14406 Indian Woods		50.00	
		San Antonio TX 78249			
	Principal occup	ation (Optional)	Employer (Option	nal)	the state of the s

(512)463-5800

POLITICAL CONTRIBUTIONS SCHEDULE A 1 (FOR FORMS C/OH & SPAC) OTHER THAN PLEDGES OR LOANS RECEIVED CITY Total pages this report: The Instruction Guide explains how to complete this form. 6/10 2 FILER NAME Hon. Bonnie Conner 0404144 In-kind contribution Amount of contribution (\$) 5 Full name of contributor ut-of-state PAC(ID#_ Date description (if applicable) Mr. Thomas Paulk 20.00 6 Contributor address; City; State; Zip Code 04/18/2001 3034 Whisper Fern San Antonio TX 78230 10 Employer (Optional) 9 Principal occupation (Optional) Amount of In-kind contribution Date contribution (\$) description (if applicable) Mr. Fred Petmecky 200.00 04/11/2001 Contributor address; City; State; Zip Code 6111 Point Comanche San Antonio TX 78257 Principal occupation (Optional) Employer (Optional) In-kind contribution Date Full name of contributor ut-of-state PAC(ID#_ Amount of contribution (\$) description (if applicable) Mr. Edwin Ray Contributor address; City; State; Zip Code 50.00 04/16/2001 10504 White Bonnet San Antonio TX 78240 Principal occupation (Optional) Employer (Optional) In-kind contribution Date Full name of contributor Out-of-state PAC(ID#_ Amount of contribution (\$) description (if applicable) Mr. Michael Roth Contributor address; City; State; Zip Code 100.00 04/13/2001 3803 Mill Court San Antonio TX 78230 Principal occupation (Optional) Employer (Optional) Date Full name of contributor uut-of-state PAC(ID#__ Amount of In-kind contribution contribution (\$) description (if applicable) SA Police Officers Association PAC Contributor address; City; State; Zip Code 03/29/2001 3500.00 1939 N.E. Loop 410 Suite 230 San Antonio TX 78217 Principal occupation (Optional) Employer (Optional)

		CAL CONTRIBUTED THAN PLEDGI			(EIVED	SCHEDULE A 1 FOR FORMS C/OH & SPAC)
				CHTY OF S	AH ANTONIO	
	The Instruction	он Guide explains how to comp	elete this form.	CITY	Total pages this 7/10	
2	FILER NAME Hon. Bonnie			2001 APR 2	3 ACCPUNT 9	(Ethics Commission filers)
4	Date	5 Full name of contributor [SA Realtors PAC	_	·	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/23/2001	6 Contributor address; (City; State; Zip Code		1000.00	
		San Antonio TX 78230				i
9	Principal occup	ation (Optional)		10 Employer (Option	al)	· · · · · · · · · · · · · · · · · · ·
	Date	Full name of contributor [Mr. Greg Shean	out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/01/2001	Contributor address; (9554 Stillforest	City; State; Zip Code		250.00	 -
		San Antonio TX 78250				
	Principal occup	ation (Optional)		Employer (Option	al)	
	Date	Full name of contributor Mr. David Spencer	out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/01/2001	Contributor address; (26610 Harmony Hills	City; State; Zip Code		1000.00	
		San Antonio TX 78258				!
	Principal occup	eation (Optional)		Employer (Option	al)	<u> </u>
	Date	Full name of contributor Mr. Elliot Stone	out-of-state PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/16/2001	Contributor address; (13155 Keystone Terrace	City; State; Zip Code		100.00	
		North Miami FL 33181				!
	Principal occup	ation (Optional)		Employer (Option	al)	
	Date	Full name of contributor	out-of-state PAC(ID#		Amount of	In-kind contribution
		Mr. Herbert Stumberg		·	contribution (\$)	description (if applicable)
	04/13/2001	Contributor address; (310 S. St. Mary's Suite 1290 San Antonio TX 78205	City; State; Zip Code		200.00	
	Principal occup	ation (Optional)		Employer (Option	al)	

POLITICAL CONTRIBUTIONS

SCHEDULE A 1

	OTHER	THAN PLEDGES OR LOA	NS Proper		FOR FORMS C/OH & SPAC)
	The Instruction	ON GUIDE explains how to complete this form.	CITY OF CIT	CEIVED SANT ANTONIO Y CLERK 8/1	
2	FILER NAME Hon. Bonnie	e Conner	2001 APR	3 ACCOUNT #	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC(ID#_Ms. Betty Sutherland)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	04/18/2001	6 Contributor address; City; State; Zip Code 10050 Axis Drive	• • • • • • • • • • • • • • • • • • • •	25.00	
		Boerne TX 78006			
9	Principal occup	ation (Optional)	10 Employer (Option	nal)	
	Date	Full name of contributor ut-of-state PAC(ID#_Wright & Youngblood,LLP		Amount of contribution (\$)	In-kind contribution description (if applicable)
	04/18/2001	Contributor address; City; State; Zip Code 300 Convent Suite 1111 San Antonio TX 78205	9	100.00	
	Principal occup	ation (Optional)	Employer (Option	nal)	

POLITI	CAL EXPENDITURES		SCHEDULE F
		RECEIVED CITY OF SAN ANTONIO	
The Instruction	אס Guide explains how to complete this form.	7001 APR 2.7 \(\triangle \) 1 Total pages re	port:
2 FILER NAME Hon. Bonnie			# (Ethics Commission filers)
4 Date	5 Payee name	7	Amount (\$)
04/23/2001	Ms. Jaymie Balboa		100.00
	6 Payee address; City; State; Zip Code		
	4114 Medical Drive #21306 San Antonio TX 78229		
8 Purpose of extinformation recontract Lab		9 Complete if direct expenditure to benefit Candidate / Officeholder name Offi	C/OH ** ce sought Office held
D-4-		The state of the s	Amount
Date	Payee name		(\$)
04/19/2001	Mr. Charles Conner		220.00
	Payee address; City; State; Zip Code		
	13306 Hunters Hollow		
Purpose of evi	San Antonio TX 78230 penditure (See instructions regarding type of	Complete if direct expenditure to benefit	C/OH ··
information red	quired.)	•	ice sought Office held
Reimbursem	ent - Ice Cream		
Date	Payee name		Amount
			(\$)
04/23/2001	Dugan-Nicholas		2848.00
	Payee address; City; State; Zip Code P.O. Box 781252		
	. 1.51.551.11		
Durnogo of ovi	San Antonio TX 78278-1252	Complete if direct expenditure to benefit	COH ::
information red	• •		ice sought Office held
Design and F	Production - Direct Mail		
Date	Payer name		Amount
	Payee name		(\$)
04/01/2001	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1452.42
	Payee address; City; State; Zip Code 4958 Military Drive West		
Purnose of ove	San Antonio TX 78242 penditure (See instructions regarding type of	Complete if direct expenditure to benefit	C/OH · ·
information red Direct Mail S	quired.)		ice sought Office held
		L	

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction	ON GUIDE explains how to complete this form.	CITY OF SAN ANTONNO CITY CLERK ACCOUNT	:			
2 FILER NAME Hon. Bonnie		2001 APR 27 A 10: 09	(Ethics Commission filers)			
4 Date 04/19/2001	5 Payee name Mr. Thomas Paulk 6 Payee address; City; State; Zip Code 3034 Whisper Fem San Antonio TX 78230	7	Amount (\$) 31.45			
8 Purpose of expenditure (See instructions regarding type of information required.) Reimbursement - Balloons, decorations 9 Complete if direct expenditure to benefit C/OH ** Candidate / Office hold Candidate / Office hold						
Date 04/23/2001	Payee name Ms. Janice Smith Payee address; City; State; Zip Code 1002 Ericson San Antonio TX 78245		Amount (\$) 500.00			
Purpose of ex information re- Contract Lab		Complete if direct expenditure to benefit C/c Candidate / Officeholder name Office s				
						

	TE/OFFICEHOLDER N FINANCE REPORT	RECEIVED CITY OF SAN ANTONIO CITY CLERK	FORM C/OH COVER SHEET PG 1
The C/OH INSTRUCTION this form.	ON GUIDE explains how to complete	1 ACCOUNT#	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	TITLE FIRST	MI	OFFICE USE ONLY
NAME	HON. BONNIE NICKNAME CONNER	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE #: 8930 WULZBACH , SU		Date Hand-delivered or Date Postmarked
Change of Address	SAN ANTONIO, TX 78	240	
5 CAMPAIGN TREASURER NAME	MR. MICHAEL NICKNAME LAST	MI 	Receipt # Amount Date Processed Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business	BELDON STREET ADDRESS (NO POBOX PLEASE): APT / SL 5039 WEST AVENU SAN ANTONIO, TX	Æ	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (2(0) 341-3400	EXTENSION	
8 REPORT TYPE	January 15 30th day before election July 15 8th day before election		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year D / D / D THRO	DUGH $03/26$	Year / D (
10 ELECTION	ELECTION DATE Month Day Year D5 / D5 / D1 Primary		General Special
11 OFFICE	OFFICE HELD (If any) CITY COUNCIL - 8	12 OFFICE SOUGHT (If known	_
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	→ Direct campaign expenditures are campaign exp Candidates are required to disclose this information Name	enditures made by others without the can-	didate's prior consent or approval.
BY OTHER INDIVIDUALS			
additional pages	Address / PO Box; Apt. / Suite #; City; State;	Zip Code	
	GO TO	PAGE 2	

1-800-325-8506 (512) 463-5800 Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 FORM C/OH CANDIDATE / OFFICEHOLDER REPORT: COVER SHEET PG 2 SUPPORT & TOTALS RECEIVED 14 C/OH NAME BONNIE J. CONNER 0404144 This box is for notice of political expenditures by political committees to support the candidate / of the cholder. These expenditures 16 NOTICE may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report **FROM POLITICAL** this information only if they receive notice of such expenditures. .. COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS 17 NO REPORTABLE Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.) **ACTIVITY** TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN 18 CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ **TOTALS** TOTAL POLITICAL CONTRIBUTIONS \$ 13,91500 2. (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **EXPENDITURE** 3. \$ **TOTALS** TOTAL POLITICAL EXPENDITURES \$ 6263 4. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OUTSTANDING LAST DAY OF THE REPORTING PERIOD \$ LOAN TOTALS 19 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under 70 15, Election Code. ANA LUISA GALINDO Notery Public, State of Theas Comm. Expires 04-07-2002 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruction	Guide explains how to complete this form.	CITY OF S.	N ANTONIO	
2 FILER NAME	BONNIE J. CONNER	2001 APR -	3 ACCOUNT # (EH	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1/05/01	EUGENE DAWSON, JR. 6 Contributor address; City: State: Zip Code 208 N. TOWER DRIVE SAN ANTON 10, TX 78232		500 ≌	
9 Principal occup	pation (Optional)	10 Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/05/01	Contributor address; City; State; Zip Code P.O. BOX 17065		1,0000	
	SAN ANTONIO, TX 78217			
Principal occuj	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/05/01	Contributor address; City; State; Zip Code 7979 BROADWAY, SUITE 10		1,00000	!
	SAN ANTONIO, TX 782			
Principal occuj	pation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/05/01	Contributor address; City; State; Zip Code III SOLEDAD, SUITE IIII SAN ANTONIO, TX 7820	5	1,000∞	
Principal occu	pation (Optional)	Employer (Option	ai)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution description (if applicable)
1/05/01	KENNETH BROWN contributor address; City; State; Zip Code 1249 WILTSHIRE		contribution (\$)	description (ii applicante)
	SAN ANTONIO, TX 78200	L	lan)	
Principal occu	pation (Optional)	Employer (Option	iai <i>)</i>	
				

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POLITICAL CONTRIBUTIONS

Texas Ethics Commission

SCHEDULE A1

(512) 463-5800

OTHER THAN PLEDGES OR LOANS (FOR FORMS CIOH, CIOHSS, 90-COH, SC-SPAC, 8PAC, & SPAC-SS)					
The Instruction	Guipe explains how to complete this form.		1 Total pages this Schedule A1:		
2 FILER NAME	- 4		3 ACCOUNT (Ethic commission filer		
	BONNIE J. CONNER		0404%	ESSIVE.	
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 And One of contribution (S)	description/rif applicable)	
2/12/01	6 Contributor address: City; State; Zip Code 10103 PEMCREST SAN ANTONIO, TX 7824	0	5000	3.20	
9 Principal occup	pation (Optional)	10 Employer (Option	al)		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/12/01	Contributor address; City, State: Zip Code 8503 KNIGHTS KNOLL	:	2500		
	SAN ANTONIO, TX 782				
Principal occu	pation (Optional)	Employer (Option	al)		
Date	Full name of contributor Out-of-state PAC (ID#_ FRANK GDZA)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/12/01	Contributor address; City; State; Zip Code 20459 CARRIE LOUISE		100.00		
	SAN ANTONIO, TX 7825	Employer (Option	201)		
Principal occu	pation (Optional)	Епроум (Орис	iai)		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/12/01	Contributor address: City: State: Zip Code		50.00		
	SAN ANTONIO, TX 78230	r			
Principal occu	pation (Optional)	Employer (Option	nal)		
Date	Full name of contributor Out-of-state PAC (ID#:_ CHARES AMATO)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/12/01	Contributor address; City; State; Zip Code 13634 BLUFF CIRCLE		50000	 	
Principal occu	SAN AUTONIO, TX 78216	Employer (Option	nai)	<u> </u>	
If conti	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

Texas Ethics Commission

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

• • • • • • • • • • • • • • • • • • •						
The Instruction	Guide explains how to complete this form.		1 Total pages this Schedule A1:			
2 FILER NAME	BONNIE J. CONNER		3 ACCOUNT # (EH)			
	DUNNIE O. CUNNEIC					
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
, ,	THOMAS A PAULK					
2/12/01	6 Contributor address: City: State: Zip Code 3034 WHISPER FERN		2000			
	SAN ANTONIO, TX 7824	fo				
9 Principal occup	pation (Optional)	10 Employer (Option	ai)			
Date	Full name of contributor)	Amount of	In-kind contribution		
	BETTY SUTHER LAND Contributor address; City, State; Zip Code 10050 AXIS DRIVE		contribution (\$)	description (if applicable)		
2/12/-	Contributor address; City; State; Zip Code		3 - 10	29		
2/12/01	10050 AXIS DRIVE		100	7001 NPA		
· ·	BOERNE, TX 78006			<u> </u>		
Principal occur	pation (Optional)	Employer (Option	al)	D - \$		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution		
1 1	ROBERT ECHAVARRIA		contribution (\$)	description (if applicable)		
2/12/01	Contributor address; City; State; Zip Code		5000			
	SAN ANTONIO, TX 78	<u> </u>				
Principal occu	pation (Optional)	Employer (Option	al)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution description (if applicable)		
	BARNEY TEARNEY		contribution (\$)	description (ii applicable)		
2/12/26	Contributor address; City; State; Zip Code		10000	İ		
3/15/01		\	100-			
	SAN ANTONIO, TX 78	140				
Principal occu	pation (Optional)	Employer (Option	nal)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	JANICE SMITH		Contained (C)			
2/12/01	Contributor address; City; State; Zip Code] 		
امالحال	1002 ERICSON ST.		12000	! 		
	SAN ANTONIO, TX 782	145				
Principal occu	pation (Optional)	Employer (Option	nai)	. ——		
		I				
1	THE PROPERTY OF THE FORM AS MEEDED					

P.O. Box 12070

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,

				30-3FX0, GFX0, & 3FX0-00)	
The Instruction	Guide explains how to complete this form.		1 Total pages this: 5//0	Schedule A1:	
2 FILER NAME	BONNIE J. CONNER		3 ACCOUNT # (EH		
4 Date	5 Full name of contributor out-of-state PAC (ID#_ ANNA HOREJSI)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
2/12/01	6 Contributor address; City, State; Zip Code 7459 SILENT SUNSET	225	1500	 	
	SAN ANTONIO, TX 7:	8230			
9 Principal occup	9 Principal occupation (Optional) 10 Employer (Optional)				
Date	Full name of contributor Out-of-state PAC (ID#:_ KATIE REED)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/12/01	Contributor address; City; State; Zip Code 7317 ASHTON PLACE		2000		
	SAN ANTONIO, TX 785	2 9			
Principal occuj	pation (Optional)	Employer (Option	ai)	A COM	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution () description (if applicable)	
2/12/01	Contributor address; City; State; Zip Code 19110 CHUSKA WAY		3000	P 33	
Principal occup	SAN ANTONIO, TX 7825E Dation (Optional)	Employer (Option	ai)	20	
5		J	A	In-kind contribution	
Date	Full name of contributor Out-of-state PAC (ID#_ JOS EPH MARTINEZ	J	Amount of contribution (\$)	description (if applicable)	
2/12/01	Contributor address; City; State; Zip Code 14307 AM BLESIDE	٦,	30∞		
	SAN ANTONIO, TX 782	31			
Principal occup	pation (Optional)	Employer (Options	ai)		
Date	Full name of contributor Out-of-state PAC (ID#:_ MICHAEL FELDBLUM		Amount of contribution (\$)	In-kind contribution description (if applicable)	
2/12/01	Contributor address: City: State; Zip Code		10000		
	SAN ANTONIO, TX 78249				
Principal occup	pation (Optional)	Employer (Options	aí)		

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SCHEDULE A1

(FOR FORMS CIOH, CIOH-SS, SC-CIOH,

(512) 463-5800

UIREK	OTHER THAN PLEDGES OR LOANS SCSPAC, SPAC, & SPACSS)					
The Instruction	Gube explains how to complete this form.		1 Total pages this 5			
2 FILER NAME	0		,	nics Commission filers)		
	BONNIE J CONNER		04041	44		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
1 /	LUCILLE A COCKE	CELL		i]		
2/28/01	6 Contributor address; City; State; Zip Code 15519 RIVER BEND		5000			
	SAN ANTONIO, TX 78	241				
9 Principal occup	pation (Optional)	10 Employer (Option	al)			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
, ,	JESSE COVARRUBIAS		(0)]		
3/5/01	Contributor address; City; State; Zip Code 204 SHALIMAR		2500	 -		
	SAN ANTONIO, TX 78213					
Principal occupation (Optional)		Employer (Optional)				
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	CONSULTING ENGINEERS COUN	ICIL PAC	Contribution (4)	77		
3/5/21	Contributor address; City, State; Zip Code	- 0	21000	HAR CHE		
19101	400 W. 15TH STREET, SUITE	820	210-	SAISAIS -5		
	AUSTIN, TX 78701			1 TEST		
Principal occu	pation (Optional)	Employer (Optional)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (f applicable)		
	CHESTER DRASH		Condibution (4)	documents of the second		
3/5/01	Contributor address; City; State; Zip Code		01000	1		
2/2/01	15322 PEBBLE DEW		210 00	·		
	SAN ANTONIO, TX 78232					
Principal occupation (Optional)		Employer (Option	nai)			
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
, ,	ERNEST MAESTAS			1		
3/6/01	Contributor address; City; State; Zip Code 5923 DAK COUNTRY WAY		600			
	SAN ANTONIO, TX 7824	7				
Principal occu	pation (Optional)	Employer (Option	nal)			

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SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION	The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages this Schedule A1: 7/10	
2 FILER NAME	BONNIE J. CONNER		3 ACCOUNT # (EH)	. 1	
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution // description (if applicable)	
3/6/01	RABA-KISTNER PAC 6 Contributor address: City: State: Zip Code P.D. BOX 690387 SAN ANTONIO, TX 78269		320€	7001 107	
9 Principal occup	pation (Optional)	10 Employer (Option	al)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
3/7/01	DON DURDEN Contributor address; City; State; Zip Code 411 FM 473 COMFORT, TX 78013		21000		
Principal occup	pation (Optional)	Employer (Option	al)	-	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
3/8/01	Contributor address; City; State; Zip Code 4643 BREEN WILLOW WOOD SAN ANTONIO, TX 782	49	21000	 	
Principal occup	pation (Optional)	Employer (Option	al)		
Date	Full name of contributor out-of-state PAC (ID#:_ TURNER, COLLIE & BRADEA	I PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)	
3/8/01	Contributor address; City; State; Zip Code P.O. BOX 13 089 HOUSTON, TX 77219		21000		
Principal occup	pation (Optional)	Employer (Option	al)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
3/9/01	Contributor address: City: State: Zip Code 17 434 WHISPER DAWN	6	180四		
Principal occup	SAN ANTENIO, TX 7823 pation (Optional)	Employer (Option	ai)		

Texas Ethics Con	amission P.O. Box 12070 Austin	, Texas 78711-207	0 (512) 46	3-5800 1-800-325-850
	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	S	(FOR FOR	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The INSTRUCTION	Guios explains how to complete this form.		1 Total pages this 3	Schedule A1:
2 FILER NAME	BONNIE J. CONNER		3 ACCOUNT # (EH	
			0404/4	T
3/23/01	5 Full name of contributor out-of-state PAC (ID#:_ DAVID STARR 6 Contributor address; City; State; Zip Code 2161 NW MILITARY HW	7A # 111	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	SAN ANTONIO, TX 78213			
9 Principal occup	pation (Optional)	10 Employer (Option	nal)	
Date	Full name of contributor OUL-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/23/01		RD -	500 ≈	
5	SAN ANTONIO, TX 78231	Same on Ontion		
Principal occuj	pation (Optional)	Employer (Option		
Date	Full name of contributor Out-of-state PAC (ID# CHARLES CHEEVER		Amount of contribution (\$)	In-kind contribution description (if applitable)
3/23/01	CHARLES CHEEVER Contributor address; City; State; Zip Code 501 TERRELL ROAD		B	
	CHARLES CHEEVER Contributor address; City; State; Zip Code	۰,	contribution (\$)	description (if applituable)
3/23/01	CHARLES CHEEVER Contributor address; City; State; Zip Code 501 TERRELL ROAD	D ^Q Employer (Option	contribution (\$)	description (if applicable) RECE CITY CITY CITY CITY CITY CITY CITY CITY
3/23/01	CHARLES CHEEVER Contributor address; City; State; Zip Code 501 TERRELL ROAD SAN ANTONIO, TX 782 Dation (Optional) Full name of contributor Out-of-state PAC (ID#:_		contribution (\$)	description (if applicable) TY OF SAH PE CITY CLERK In-kind descriptionize
3/23/01 Principal occup	CHARLES CHEEVER Contributor address; City; State; Zip Code 501 TERRELL ROAD SAN ANTONIO, TX 782 pation (Optional)	Employer (Option	250 Call	description (if applicable) TY OF SAH ANT OF SAH OF SAH ANT OF SAH OF SAH ANT OF SAH OF SAH ANT OF SAH OF SAH ANT OF SAH ANT OF SAH OF SAH ANT OF SAH OF SAH OF
3/23/01 Principal occup Date 3/23/01	CHARLES CHEEVER Contributor address; City; State; Zip Code 501 TERRELL ROAD SAN ANTONIO, TX 782 Detion (Optional) Full name of contributor Out-of-state PAC (ID#: BENJAMIN YOUNGBLOOD Contributor address; City; State; Zip Code 332 W. SUNSET ROAD;	Employer (Option	al) Amount of contribution (\$)	description (if applicable) TY OF SAH OF SA
3/23/01 Principal occup Date 3/23/01	CHARLES CHEEVER Contributor address; City; State; Zip Code 501 TERRELL ROAD SAN ANTONIO, TX 782 Detion (Optional) Full name of contributor Out-of-state PAC (IDH: BENJAMIN YOUNGBLOOD Contributor address; City; State; Zip Code 332 W. SUNSET ROAD; SAN ANTONIO, TX 782	Employer (Option Suite 10	al) Amount of contribution (\$) Amount of sal) Amount of	In-kind contribution
3/23/01 Principal occup Date 3/23/01 Principal occup	CHARLES CHEEVER Contributor address; City; State; Zip Code 501 TERRELL ROAD SAN ANTONIO, TX 782 Diation (Optional) Full name of contributor out-of-state PAC (ID#: BENJAMIN YOUNGBLOOD Contributor address; City; State; Zip Code 332 W. SUNSET ROAD; SAN ANTONIO, TX 782 Diation (Optional)	Employer (Option Suite 10	contribution (\$) 250 Amount of contribution (\$) 56	description (if applicable) RECEIVED In-kind description (if applicable)
3/23/01 Principal occup Date 3/23/01 Principal occup	CHARLES CHEEVER Contributor address; City; State; Zip Code 501 TERRELL ROAD SAN ANTONIO, TX 782 Dation (Optional) Full name of contributor out-of-state PAC (IDH:_ BENJAMIN YOUNGBLOOD Contributor address; City; State; Zip Code 332 W. SUNSET ROAD; SAN ANTONIO, TX 782 Dation (Optional) Full name of contributor out-of-state PAC (IDH:_ MARGO ERETH Contributor address; City; State; Zip Code 11774 SPRING DALE	Employer (Option Suite 10 OP Employer (Option	al) Amount of contribution (\$) Amount of sal) Amount of	In-kind contribution
3/23/01 Principal occur Date 3/23/01 Principal occur Date	CHARLES CHEEVER Contributor address; City; State; Zip Code 501 TERRELL ROAD SAN ANTONIO, TX 782 Diation (Optional) Full name of contributor out-of-state PAC (ID#: BENJAMIN YOUNGBLOOD Contributor address; City; State; Zip Code 332 W. SUNSET ROAD; SAN ANTONIO, TX 782 Diation (Optional)	Employer (Option Suite 10 OP Employer (Option	al) Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) 2 0 000000000000000000000000000000000	In-kind contribution

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Iнstruction Guide explains how to complete this form.		1 Total pages this Schedule A1:			
2 FILER NAME			3 ACCOUNT # (Eth	ics Commission filers)	
BONNIE J. CONNER			0494144		
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	3 D/I PAC		Contribution (4)	description (ii application)	
3/23/01	6 Contributor address; City: State; Zip Code 1900 W. LOOP SOUTH, SUITE 600		150€		
	HOUSTON, TX 77027				
9 Principal occupation (Optional)		10 Employer (Option	ai)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution	
	LAN-PAC		contribution (\$)	description (if applicable)	
3/23/01	Contributor address; City; State; Zip Code 1500 CITY WEST BLVD.		21000		
	HOUSTON, TX 77042				
Principal occup	pation (Optional)	, Employer (Option	ai)		
_					
Date	Full name of contributor Out-of-state PAC (ID#_ CONSULTING ENGINEERS OF TX	PAC	Amount of contribution (\$)	In-kind contribution description (If applicable)	
2/22/21	Contributor address; City; State; Zip Code				
3/23/01	400 W. ISTESTREET, SUITE 83	٥	580≈	, c.	
	AUSTIN, TX 78701	•		<u> </u>	
Principal occup	pation (Optional)	Employer (Optional)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution	
	USAA GROUP PAC		contribution (\$)	description (if applicable)	
2/12/21	Contributor address; City; State; Zip Code		4 00	707	
NAZIOI	USAA BLDG F-3-E		1,000	\$: 2	
	SAN ANTONIO, TX 78288			Ģ	
Principal occup	pation (Optional)	Employer (Option	al)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	GSABA-SABPAC		сонивация (ф)	acoupuri (11 applicana)	
3/23/01	Contributor address; City; State; Zip Code 8925 IH-10 WEST		1,00000		
	SAN ANTONIO, TX 7823	· O			
Principal occup	pation (Optional)	Employer (Option	al)		

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SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages this Schedule A1:			
2 FILER NAME			3 ACCOUNT # (Eth	· ·		
			040414	-4		
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
1 4	FRANCIS H. GRAY, JR.					
3/24/01	6 Contributor address; City; State; Zip Code 5118 CASBULY		2500	·		
	SAN ANTONIO, TX 78249					
9 Principal occupation (Optional) 10 Employer (Optional		al)				
Date	Full name of contributor out-of-state PAC (ID#:):	Amount of	In-kind contribution		
	ARTER AND HADDEN		contribution (\$)	description (if applicable)		
3/26/01	Contributor address; City; State; Zip Code		1,000°			
	WASHINGTON D.C. 2000	06				
Principal occu	pation (Optional)	Employer (Option	al)			
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	Contributor address; City; State; Zip Code					
	33, 33, 34, 35, 37, 37, 37, 37, 37, 37, 37, 37, 37, 37			70 0.11		
				M P COR		
Principal occup	pation (Optional)	Employer (Option	al)	A TYSE		
				m 972		
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution		
	City Shake 75 Code			4 2		
	Contributor address; City; State; Zip Code			21		
Principal occupation (Optional)		Employer (Optional)				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution description (if applicable)		
			contribution (\$)	acacipion (ii applicand)		
	Contributor address; City; State; Zip Code					
Principal occup	pation (Optional)	Employer (Option	ai)			

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POLITIC	CAL EXPENDITURES			SCHEDULE F	
The Instruction Guide explains how to complete this form.			1 Total pages Schedule F:		
2 FILER NAME	BONNIE J. CONNER		3 ACCOUNT	# (Ethics Commission filers)	
4 Date	5 Payee name JOSH COPELANO 6 Payee address; City; State; Zip Code 11910 ORSINGER LANE, #16 SAN ANTONIO, TX 78230)		7 Amount (\$)	
required.)	rment (See instructions regarding type of information EMENT - PRINTING OFFICE SuffLY	Candidate / Officeholder n		to benefit C/OH •• Office sought Office held	
Date	Payee name CITY OF SAN ANTONIO Payee address; City; State; Zip Code 950 E. HILDEBRAND SAN ANTONIO, TX	18212		Amount (\$) 70.00	
required.)	yment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder n		to benefit C/OB- Office sought Office Sought Office Sought Office Sought	
2/3/01	Payee name CHARLIE CONNER Payee address: City; State: Zip Code 13306 HUNTERS HOLLOG SAN ANTONIO, TX 7833	೦ ೧		Amount FRATONIO SERRES	
required.)	yment (See instructions regarding type of information EMENT - PHOTOGRAPHY	Complete if di Candidate / Officeholder r		to benefit C/OH •• Office sought Office held	
2/3/01	Payee name MARK JAENSKE Payee address; City; State; Zip Code 132 W. MANDALAY SAN ANTONIO, TX 78	212		Amount (\$)	
required.)	yment (See instructions regarding type of information	⊶ Complete if di Candidate / Officeholder r		to benefit C/OH ** Office sought Office held	
1	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	EEDED		

POLITIC	CAL EXPENDITURES			SCHEDULE F	
The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages Schedule F:		
2 FILER NAME	:		3 ACCOUNT	# (Ethics Commission filers)	
4 Date 2/3/DI	5 Payee name CONNER - LEGRAND 6 Payee address; City: State; Zip Code 8130 WURZBACH, SUITE 260 SAN ANTONIO ITX 78240			7 Amount (\$)	
Purpose of pay required.)	ment (See instructions regarding type of information	9 Complete if dir Candidate / Officeholder n	•	to benefit C/OH •• Office sought Office held	
2/3/01	Payee name COWNER-LEGRAND Payee address; City; State; Zip Code 8930 WURZBACH, SUITE 3 SAN ANTONIO, TX 79240	160		Amount (\$) 168 87	
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder n	•	to benefit C/OH Office sought Office held	
2/3/5/	Payee name CHARLIE CONNER Payee address; City: State; Zip Code 13300 HUNTERS HOLLOW SAN ANTONIO, TX 7823			APR -5 6 3:	
Purpose of pay required.)	ment (See instructions regarding type of information			to benefit OFFI Office sought Office held	
2/3/01	Payee name GUERRA DEBERLY +CD. Payee address; City; State; Zip Code 122 E. Houston			Amount (\$) 1,174.50	
required.)	San Antonio Dexamment (See instructions regarding type of information AND REPROPUCTION; DESIGN	78205 Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office sought Office held	
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	EEDED		

POLITIC	CAL EXPENDITURES			SCHEDU	LE F
The INSTRUCTION	Guide explains how to complete this form.		1 Total pages 3/3	Schedule F:	
2 FILER NAME	BONNIE J. CONNER		3 ACCOUNT	# (Ethics Commission file	ns)
4 Date	5 Payee name			7 Amoun	t
2/25/01	DUGAN-NICHOLAS 6 Payee address; City; State; Zip Code 13075 N. HUNTERS CIRC	· · · · · · · · · · · · · · · · · · ·		2659	0
·	SAN ANTONIO, TX 78				
8 Purpose of pay required.)	ment (See instructions regarding type of information	_		to benefit C/OH Office sought	Office held
PRINTING	AND REPROPULTION				c
Date	Payee name			Formoun	7 7
1.1	CONNER - LEGRAND Payee address: City; State: Zip Code 8930 WURZBACH RD. SUITE 2			导	CLACE
3/4/01	3930 WURTBACH KD. SUITE	260		163.3	图型
. (SAN ANTONIO, TX 7824			-	口雞
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if di Candidate / Officeholder n	•	to benefit C/OH Office sought	نان yedd ر
PHONE B	ill				
Date	Payee name			Amoun	t
1	DUGAN-NICHOLAS			0001	00
3/21/01	DUGAN-NICHOLAS Payee address; City, State; Zip Code 13075 N. HUNTERS CIRC			3331	
	SAN ANTONIO, TX 7823	0			
Purpose of pay required.)	ment (See instructions regarding type of information		•	to benefit C/OH •• Office sought	Office held
DESIGN. PR	CINTING, POSTAGE				
Date	Payee name			Amoun (\$)	t
	Payee address; City; State; Zip Code				
	(O i i a la sala sala sa				····
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if die Candidate / Officeholder n	•	to benefit C/OH •• Office sought	Office held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	EEDED		